

Non Heart Beating Organ Transplantation—Medical and Ethical Issues in Procurement

R Herdman, J Potts. National Academy Press, 1997, £15.95, pp 92. ISBN 0-309-06424-4

The problem of the supply of organs for transplantation is a major concern in many areas of health care practice and more generally in society. For many conditions organ transplantation remains the treatment of choice and in many situations this necessitates a cadaver donor. The possibility of harvesting organs from patients other than those who meet the criteria for brain death has received less publicity, but raises different ethical and legal questions, compared to the more usual situation of brain dead, ventilated patients. Given the general shortage of donor organs, however, this group of patients may represent a useful source.

This report was commissioned in 1997 by the US Department of Health and Human Services and concerns "the management of cadaver donors who died a cardiopulmonary death, called non-heart-beating-donors (NHBDs)". In these patients death results from an "irreversible cessation of circulatory and respiratory function", as opposed to cessation of functions of the brain. Questions had been raised about the medical management of such donors and whether the interventions practised could be said to be in the best interests of the patient or were in fact hastening death. The question considered by the report was: "Given a potential donor in an end-of-life situation, what are the alternative medical approaches that can be used to maximise the availability of organs from that donor without violating prevailing ethical norms regarding the rights and welfare of donors? The Institute will consider the alternative approaches, including the use of anticoagulants or vasodilators, from the scientific as well as the ethical point of view." The bulk of the report concerns a review of the protocols for NHBDs obtained from 63 organ procurement organisations in the United States.

The report defines four categories of NHBDs and offers an extensive discussion of the problems of supply and demand for organ transplantation in the United States. An executive summary gives a useful synopsis of the report's findings and the appendices include notes of a workshop on medical and ethical issues in maintaining the viability of organs for transplantation.

The general conclusion of the report is that the use of NHBDs is "an important, medically effective, and ethically acceptable approach to reducing the gap that exists . . . between the demand for, and the available supply of, organs for transplantation". The authors conclude that the ethical questions posed by this approach "require attention, but . . . are . . . not significantly different from those that arise in cadaveric transplantation generally". The authors summarise six principles or general approaches that apply to all cadaveric donors:

1. The societal value of enhancing organ donation;
2. Organ donors must be dead at organ removal;
3. Absolute prohibition of active euthanasia;
4. Complete openness about policies and protocols;
5. Commitment to informed consent, and
6. Respect for donor and family wishes.

Perhaps surprisingly, in view of the overall conclusion of the report, the authors are reluctant to set out clear criteria for the various procedures involved, but rely heavily on case-by-case decisions (for example, for the use of anticoagulants and vasodilators, and vascular cannulation in preparation for organ perfusion) and "informed family consent" when interventions are required to facilitate organ harvesting, which are not indicated for the treatment of the patient's medical condition. The legal framework is specific to the American situation, and the report talks of consent being obtained either from the competent patient or from "surrogate decision maker(s) for the incompetent patient".

The ethical focus of the report is the way in which designation as a potential organ donor may lead to changes in the care of the patient in ways that clearly have no therapeutic value for that patient, but which have great potential value for the recipients of any harvested organs. The extent of these changes in care is illustrated by reference to a study of beating heart cadaver donors, which found that almost half the average hospital-stay cost was related to care that was considered futile for the donor patient but "necessary for improved organ procurement rates". The discussion of these issues is organised under the headings of Policies and oversight; Medical interventions and ethics; Conflicts of interest; Determination of death, and Families. The general view seems to be that, with adequate safeguards, the interventions necessary to improve organ retrieval from NHBDs, although not offering any benefits to the donor patient, can be justified by reference to the greater social good derived from transplantation.

The report, while very much oriented to the American experience, is a useful resource for anyone working in this area. However, it raises, by inference, one or two troubling questions that do not receive any discussion. One concerns the problem of supply and demand. In 1996 the total number of cadaver donors in the USA was 5416. This number represented a 33% increase over a nine-year period. The transplantation waiting list on the last day of 1996 stood at 50 047 people, an increase of 14% on the previous year and of 212% over the previous nine years. These figures are discussed in more detail in the report, but the conclusion is that demand is growing faster than supply. The only discussion of possible reductions in demand concerns narrowing the criteria for eligibility for transplantation. It would appear, however, that a more productive approach might be to look for ways of reducing the number of organ failures, by preventive measures and by more effective early treatment of the conditions that lead to failure. At 1996 levels a 5% increase in cadaver donors will provide an additional 270 donors. A 5% reduction in demand would mean 2502 fewer people on the list. Of course this analysis is too simplistic—for example, each donor cadaver may benefit more than one recipient, a proportion of those on the waiting list are for repeat transplantation—but the arithmetic would still seem to favour attempts at prevention over attempts to raise the numbers of cadaver donors.

A further aspect of preventive medicine concerns the paradox inherent in any general attempt to increase the numbers of cadaver donors. The report discusses possible conflicts of interest in the treatment of specific patients once they have been identified as potential donors, but does not consider the wider

conflict of interests faced by the patients waiting for transplants, their carers, and society at large. The availability of cadaver donors results from the death of a patient, a death that, other things being equal we would have preferred not to have occurred. As long as we rely so heavily on transplantation as the main element of treatment we have a perverse incentive not to reduce rates of neurological or cardiopulmonary death. To put it less controversially, every advance in the prevention of such deaths represents a setback to the transplant programme.

Finally, in the context of supply and demand, the report touches briefly on the impact of managed care. This approach to the management of health services may, on the one hand, slow demand by imposing "stricter indications for medical treatments", while on the other hand it may diminish supply "by less often carrying the care of seriously injured or ill patients to the point of potential donation using life support and other critical care interventions". Again, the ethical implications of these trends are not discussed.

P Wainwright

Life Choices: A Hastings Center Introduction to Bioethics, 2nd edn.

Edited by J H Howell, W F Sale. Georgetown University Press, 2000, £25.25 (pb), pp 601. ISBN 0-87840-757-X

Life Choices is the second edition of a collection of "some of the very best articles published in the *Hastings Center Report* over the last 28 years". The collection has two main aims: to provide a challenging text for classrooms and to serve as a testimony to the achievements of the Hastings Center. The first edition was published in 1994 to mark the 25th anniversary of the Hastings Center's foundation. The Hastings Center, based in New York state, is the oldest independent, non-partisan interdisciplinary research institute of its kind in the world and has become a highly influential organisation. The center's mission is the study of the moral problems that arise out of the rapid advances in medicine and biology, and collaboration with policy makers, both in the private and public sphere, to aid the analysis of the ethical dimension of their work.

The collection is organised around themes which reflect the center's research concerns. The introductory section is a consideration of the question "can ethics provide the answers"? It includes articles from James Rachels, Sidney Callahan, and Carl Elliott and these will be useful for students who are starting out on the study of ethics and want to examine the role that ethics can play in practical decision making. There are sections on rights and responsibilities; reproductive freedom; reproductive technologies; transplantation, and genetics. By far the largest section considers the ethical dilemmas raised by the termination of treatment. This section includes articles on setting standards for the limiting of care; terminating treatment for the terminally ill; treating neonates with birth defects; active voluntary euthanasia, and physician assisted suicide. It brings together articles by Daniel Callahan, Dan Brock, Cynthia Cohen, and Arthur Caplan, among others, giving the reader a good overview of the literature in this area.

The second edition includes a new section on the goals and allocation of medicine. This is an important addition, coming at a time when policy makers throughout the world are

faced with difficult choices over health care reform and how to set priorities for health care spending. The Hastings Center has conducted an international study on the goals of medicine and the executive summary of the resulting report is included in this section. The report starts from the premise that it is the ends of medicine not only the means used to reach these ends that are at stake: "too often it seems taken for granted that the goals of medicine are well understood and self-evident, needing only sensible implementation. Our conviction, however, is that a fresh examination of those goals is now necessary". The report identifies and defends four main goals that medicine should aim to achieve: the prevention of disease and injury and the maintenance of health; the relief of pain and suffering; the care and cure of those with a malady, and the avoidance of a premature death, and the pursuit of a peaceful death. They argue that such a clarification of the goals of medicine is imperative as without such reflection, "the various reform efforts going on throughout the world may fail altogether or not achieve their full potential". This report and the articles included in this section are a useful consideration of the often neglected area of public health ethics and include the important article by Daniels and Sabin. Last chance therapies and managed care. The second edition also includes a new section on the cloning of human beings. This includes a useful summary of the National Bioethics Advisory Commission's report on human cloning and responses to this by James Childress, a member of commission, and Susan Wolf on why the NBAC is wrong. In terms of the discussions of health policy this collection is predominately concerned with the USA, but this does not detract from its wider usefulness as the principles and the moral underpinnings of such policies are extensively debated.

It is always useful to be able to direct students to collections of original articles that they might not otherwise have access to and this collection gathers together pieces by some of the best-known authors writing on ethics today. At the end of each article the editors have included some questions for consideration and these will be helpful for both teachers and study groups, as they can form the basis of discussion and enable students to critically evaluate the articles. The collection will be useful for students seeking a broad introduction to the subject and researchers who might not have subscribed to the *Hastings Center Report* over the years. It will be a valuable addition to university libraries, especially those who do not subscribe to the journal itself!

L Frith

Practical Nursing Philosophy: the Universal Ethical Code

D Seedhouse. John Wiley & Sons, 2000, £16.99, pp 222. ISBN NO: 0-471-49012-1

This book is clearly written and well laid out. The short summary at the beginning of each chapter is a useful guide to the reader and also serves as a valuable summary of key issues for revision purposes. The author offers a number of case scenarios for the reader to work

through and provides many practical examples of situation analysis and possible steps to ethical decision making. Seedhouse accurately claims that in nursing, as elsewhere, philosophical analysis is useful in helping to clarify ideas. Unfortunately, as he also accurately points out, to date much that has been described as nursing philosophy has not in fact led to the clarification of ideas but rather to a greater mystification.

The author poses two significant challenges to nursing through the pages of his book: (i) use some of the tools of analytical philosophy to reconceptualise concepts central to nursing practice, and (ii) take a lead in developing a more humane approach to health care ethics.

Chapters two to five deal with the first of these two challenges. They offer a significant and necessary challenge to nursing academics and practitioners alike. Seedhouse accurately points to the many examples of inadequate conceptualisation of the so-called core concepts of nursing. He also makes lots of mileage out of what he refers to as nursing big ideas. I have to admit to being almost entirely in sympathy with the author's self appointed task. I suggest that of the four chapters considering concepts that have gained nurse academics' favour as being "central" to nursing, Seedhouse most successfully deals with the notion of advocacy; and the nurse as potential patient advocate. Seedhouse's analysis is one of the most comprehensive I have come across.

In terms of his second challenge regarding leading the way in a more humane approach to health care ethics, the author also provides interesting insights into some of the tensions, inconsistencies, and incompatibilities in nursing, particularly in mental health nursing. Seedhouse raises some important questions for practitioners to consider. For example, he asks if it is possible to promote the mental health of patients within the current structures of mental health service delivery—and if so how? Is it possible to balance care and control? In their defence, some practitioners might argue that Seedhouse has a somewhat antiquated view of the mental health service and indeed of mental health nursing.

The least compelling section of this interesting book is the final chapter. Two difficulties emerge here. Firstly, the focus on the individual practitioner, and his or her perception of the ethical, belies the significant influence of organisational structure and culture on accurate perception of the ethical. It also, by default, ignores the impact of professional socialisation. Secondly, while it may be accurate to suggest that "Ethics is a pervasive phenomenon of human life—every human action that can affect one or more of us has ethical content", it is not very helpful. The usual difficulty remains: perceiving and forming judgments regarding those actions or situations where there is *significant* ethical content. I suggest that the failure to do the latter may either trivialise the moral domain of clinical practice or lead to a state of moral paralysis in the thoughtful practitioner.

None the less this is a useful introductory text that offers effective conceptual analysis of a number of important concepts in nursing. Seedhouse also raises some significant questions regarding the function and purpose of nurses and nursing practice.

P Anne Scott

Interests in Abortion: a New Perspective on Foetal Potential and the Abortion Debate

T Martin. Avebury, 2000, £40.00, pp 113. ISBN 0-7546-1146-9

This is an interesting attempt to tackle that most emotional of all subjects—the abortion debate. Taking as her basis Tooley's well known discussion on abortion, Martin sets out to provide an account of the intrinsic morality of abortion which, she says, takes a moderate approach to the subject. Unlike many writers on this subject, there is nothing obviously partisan about Martin's approach. The book is written in a somewhat dense manner, but this may simply reflect the complexity of the issue itself.

Unusually, Martin seeks to use evidence about fetal pain as one plank of her argument that even in early pregnancy terminations, account should be taken of evidence which suggests that fetuses can experience pain. Moreover, as part of the continuum of development, she argues that there are circumstances in which it is not intrinsically wrong to terminate a pregnancy. She concludes that after 24 weeks the fetus is possessed of certain characteristics which render it equivalent to the person to be born, thus justifying restrictions on abortion, save in rare and extreme cases.

This is a thoughtful and interesting contribution to the debate.

S McLean

NOTICES

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It will include modules on global ethics, global bioethics, human rights, globalisation and governance, conflict resolution, NGOs in a changing international context, and research methods.

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For further information please contact: Helen Harris: +44 (0)121 693 4687.

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A conference entitled Between Technology and Humanity: the Impact of New Technologies on Health Care Ethics, organised by Caritas Vlaanderen, Brussels, Belgium, in collaboration with the Faculty of Medicine, Catholic University of Leuven, will be held from 18–19 October 2002 in Brussels.

For further information: tel: + 32 2507 01 11; fax: + 32 2512 01 18; email: post@caritas.be